

→ INSERT DISTRICT LETTERHEAD ←
LETTER OF VERIFICATION RESULTS AND ADVERSE ACTION FOR **FOOD STAMP/TANF** HOUSEHOLDS

Dear Parent or Guardian:

Date: _____

Available records show that your household is not getting Food Stamps/TANF at this time.

To continue benefits for your child:

- (1) Complete a new lunch application.
- (2) Complete page 3 of form #236 with the required information.
- (3) Send documentation of the household's current income.

Your child's free school meal benefits will be stopped on _____
10 calendar days from the date of this letter
unless we receive this information. Any future meal benefits will depend on your current household income.

If you do not agree with the decision, you may discuss it with _____ by calling
_____ school official
telephone number _____.

You also have a right to a fair hearing. This can be done by calling or writing the following official:

Name: _____

Address: _____

Phone: _____

If you request a hearing by _____, your child will continue to receive free
(10 calendar days from the date of this letter)
meals until the decision of the hearing official is made. If you are not eligible for benefits now, but your household circumstances change, you may fill out an application at that time and reapply for benefits.

Sincerely,

Enclosures: Lunch application
Form #236

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W; Whitten Building 1400 Independence Avenue SW, Washington, DC 20250-94610 or call (202)720-5964 (voice and TDD) USDA is an equal opportunity provider and employer.

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